

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9	1					
10		1				
11		1				
12		1				
13		1				
14		1				
15	1					
16	1					
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22	1					
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39	1					
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50						
TOTAL IND.	8					
TOTAL DEP.		63				
TOTAL CLAIMS		71				

  

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65	1					
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99						
100						
TOTAL IND.	8					
TOTAL DEP.		63				
TOTAL CLAIMS		71				

57  
6  
63